

Pregnancy and Your Oral Health

[insert presenter info]

A stylized silhouette of a mountain range in a darker shade of teal, located in the bottom right corner of the slide.

When should I see the dentist?

- ◆ You could hurt yourself or your baby by NOT going to the dentist
- ◆ Any time
 - ◆ Check-ups and cleanings
 - ◆ Emergency care (including x-rays)
- ◆ Second trimester or first half of third best for procedures that require:
 - ◆ Anesthesia
 - ◆ Medication
 - ◆ Time in the chair

Safe Dental Treatment

- ◆ **Most treatments considered safe**
- ◆ **Acceptable drugs**
 - ◆ Dental anesthetics
 - ◆ Chlorhexidine rinse
- ◆ **Give dentist your obstetrician's contact information**
- ◆ **Avoid**
 - ◆ Aspirin or ibuprofen
 - ◆ Tetracyclines, chloramphenicol

Fetal Growth and Development

- ◆ **Development of infant's mouth**
 - ◆ 4-5 weeks - primary tooth buds
 - ◆ 4-7 weeks - lips
 - ◆ 8-12 weeks - roof of mouth
 - ◆ 12 weeks - primary teeth start to harden
 - ◆ 6 months - permanent tooth buds

Childhood Enamel Hypoplasia

- ◆ **What is it?**
 - ◆ Deformed, weak enamel
 - ◆ Disruptions of tooth
 - ◆ Teeth Can decay more easily
- ◆ **Occurs in utero or early**
- ◆ **Causes:**
 - ◆ Fever in the pregnant mother or infant
 - ◆ Low birth weight



Who Wants a \$1,000,000 \$mile?

When is it safe to go to the dentist during pregnancy?




- A. When you need a check-up or a cleaning
- B. Only during the second trimester
- C. When something hurts
- D. A and C

Changes During Pregnancy that Affect Oral Health

- ◆ Hormonal Affects
 - ◆ Increased tooth mobility
 - ◆ Saliva changes
 - ◆ Increased bacteria
 - ◆ Gum problems

Saliva changes

- ◆ Decreased buffers
 - ◆ Decreased minerals
 - ◆ Decreasing flow first and last trimester
 - ◆ Increased flow second trimester
 - ◆ More acidic
- 
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Increased Bacteria

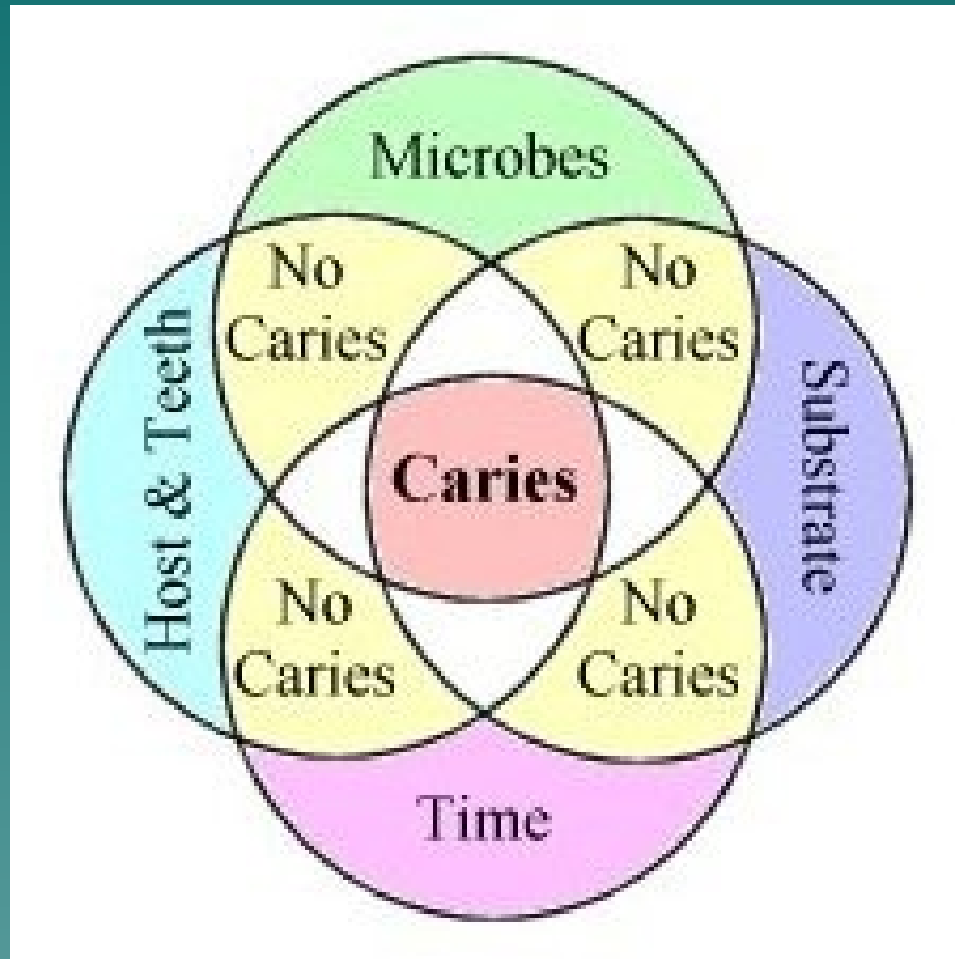
- ◆ **Increased acidity**
 - ◆ Increase in decay-causing bacteria
- ◆ **Increased Snacking**
 - ◆ Morning sickness/low blood sugar
 - ◆ Between-meal snacks
- ◆ **Increase in amount and frequency of starches/carbohydrates**
 - ◆ Crackers are commonly recommended
 - ◆ Promotes decay-causing bacteria

Disclosed Plaque



Courtesy Proctor & Gamble

Increased Bacteria - Dental Decay

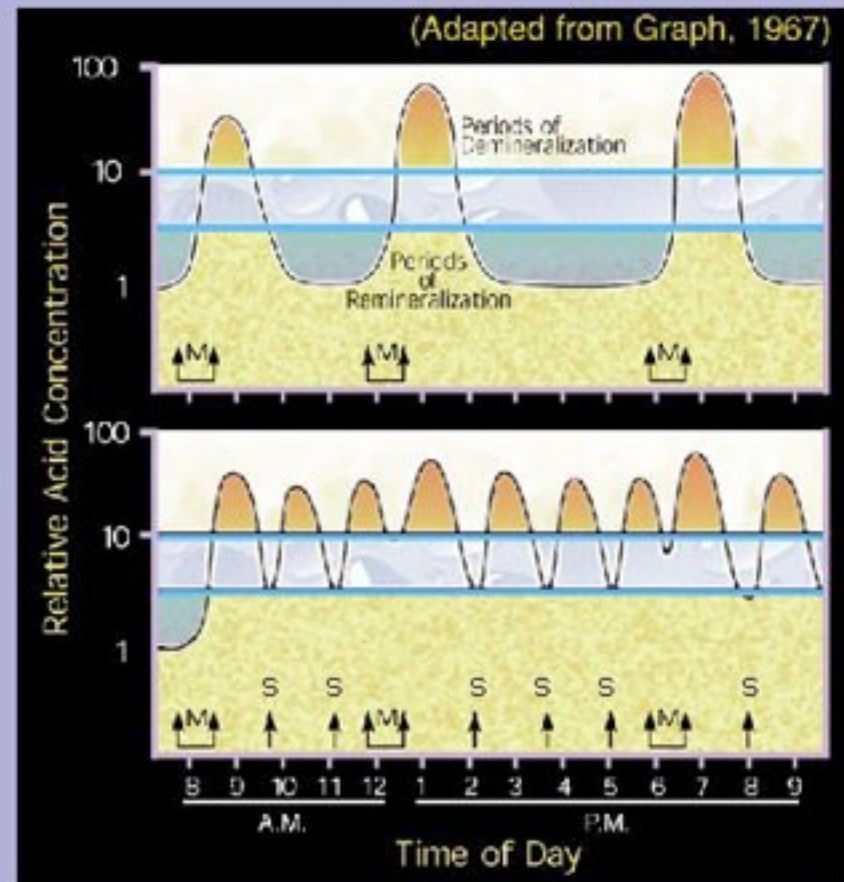


Courtesy Diann Bomkamp, RDH, BSDH,

Diet and Dental Caries

Regular Meals (M)

Regular Meals (M)
plus
Sweet Snacks (S)



Plaque Level Acids

Courtesy Proctor &

**Who Wants a
\$1,000,000
\$mile?**



What is a cavity?

- A. A large hole in the head**
- B. A disease**
- C. A hole in the tooth**
- D. Both B and C**

Increased Bacteria

- ◆ Increased food supply
- ◆ Increased hormones
 - ◆ Gingival fluid and saliva contain hormones
 - ◆ Cause gums to swell, bleed easily, and secrete more fluid
 - ◆ Bacteria use hormones for energy to grow and multiply
- ◆ Decreased immune response limits ability to fight bacteria

Gum Problems

◆ Pregnancy Gingivitis

- ◆ Red edges
- ◆ Swollen or puffy
- ◆ Tender
- ◆ Bleed easily during brushing



Gum Problems - Pregnancy Granuloma



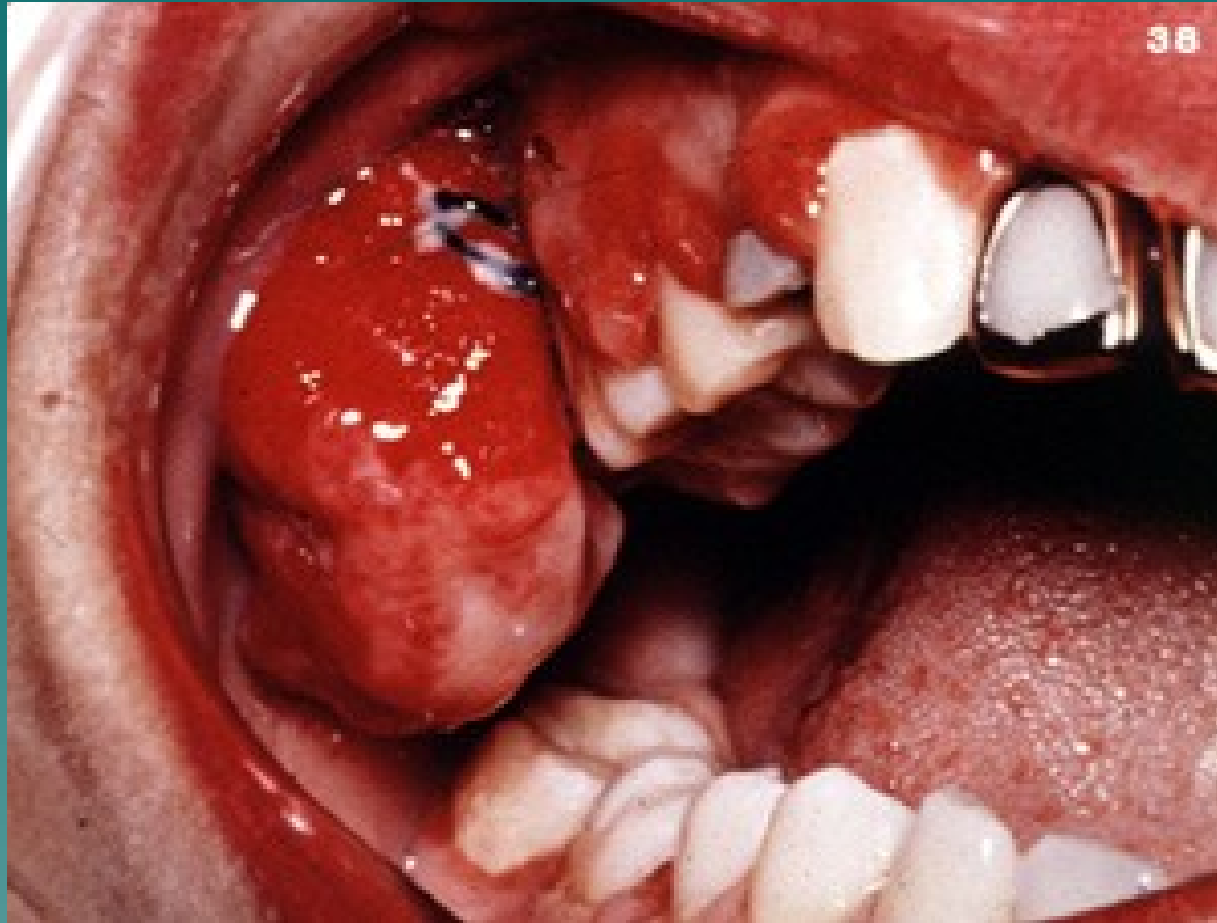
Courtesy of Univ. of Southern California

Gum Problems - Pregnancy Granuloma



Courtesy of Univ. of Southern California

Gum Changes - Pregnancy Granuloma



Courtesy of Univ. of Southern
Calif.



**Who Wants a
\$1,000,000
\$mile?**


**Some signs of gum disease
are...**

- A. Red, scaly patches**
- B. Black, hairy patches**
- C. Bleeding, swelling or
tenderness**
- D. None of the above**


Changes During Pregnancy that Affect Oral Health

- ◆ Morning sickness
 - ◆ Difficulty with hygiene
 - ◆ Gum disease
 - ◆ Tooth decay
 - ◆ Vomiting
- ◆ Esophageal Reflux (heartburn)
- ◆ Acid exposure
 - ◆ Irritation of the gums
 - ◆ Weakening of tooth enamel
 - ◆ Dental erosion

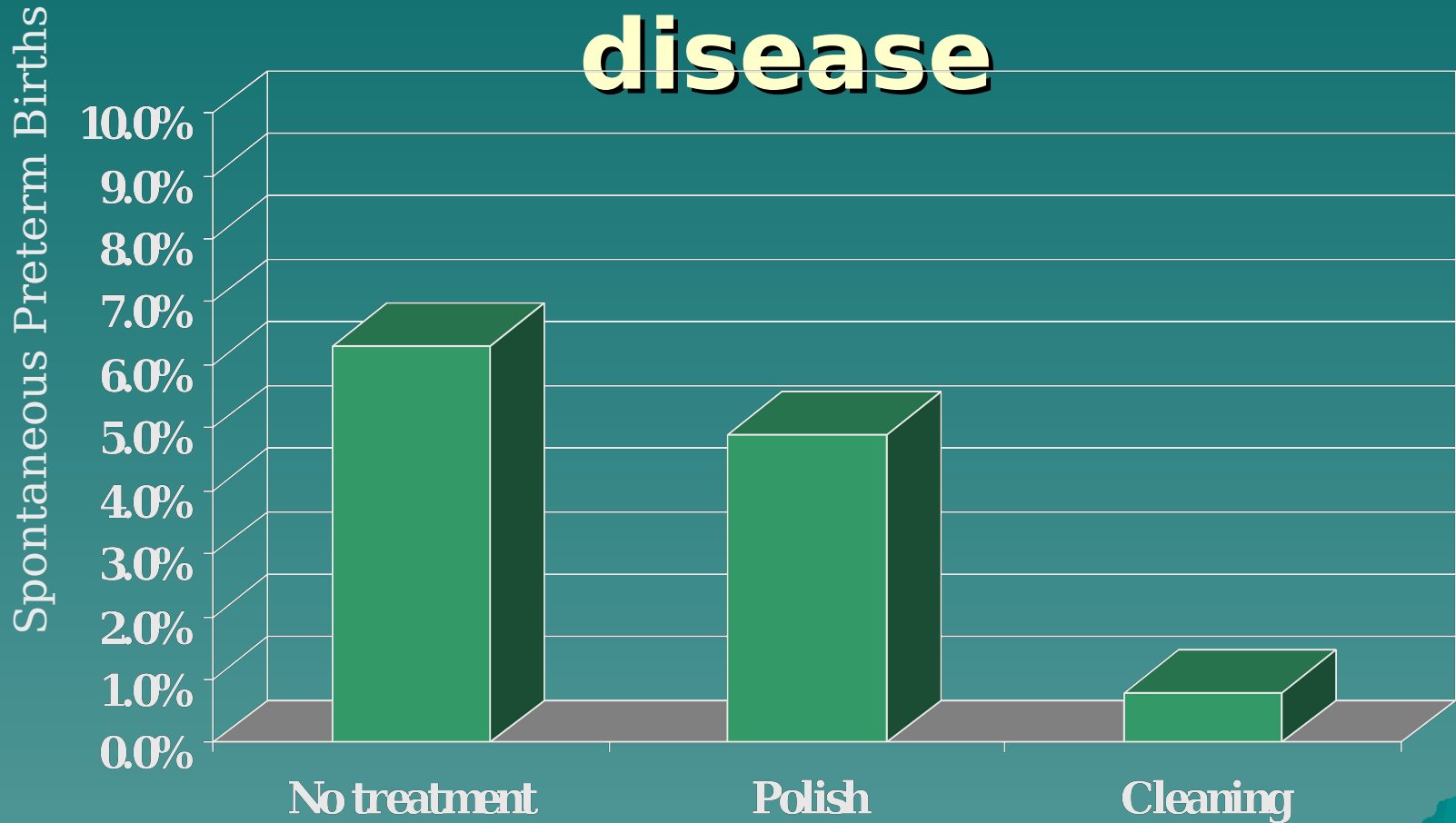
Treatment for Acid Exposure

- ◆ **Do NOT brush immediately after vomiting**
 - ◆ **Rinse**
 - ◆ **Water with baking soda**
 - ◆ **Antacid**
 - ◆ **Plain water**
 - ◆ **Eat some cheese**
 - ◆ **Ask about fluoride**
- 
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Oral Diseases Can Effect Pregnancy

- ◆ **Preterm, low birth weight (LBW) linked to periodontal disease**
 - ◆ **Thorough calculus (tartar) removal in pregnant women with periodontitis may reduce pre-term births**
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Spontaneous preterm birth in pregnant women with gum disease



Jeffcoat et al. (2003) Periodontal disease and preterm birth: results of a pilot intervention study.

Prevention: Oral Hygiene

- ◆ **Reduce the amount of bacteria in your mouth**
 - ◆ **Brushing and flossing**
 - ◆ **Antibacterial mouth rinses**
 - ◆ **Xylitol gum or mints**
- ◆ **Keep routine dental visits**

Prevention:

Nutrition for Oral Health

- ◆ **Eat well-balanced meals**
 - ◆ **B vitamins, especially folate (folic acid)**
 - ◆ **Vitamin C**
 - ◆ **Calcium**
- ◆ **Snack smart**
 - ◆ **Avoid starchy or high carbohydrate snacks**
 - ◆ **Raw fruits and vegetables**
 - ◆ **Dairy products**



**Who Wants a
\$1,000,000
\$mile?**
**Oral diseases can be
prevented by...**

- A. Using fluoride rinse**
- B. Brushing 2-3 times a day**
- C. Eating nutritious foods**
- D. A and B**
- E. All of the above**

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